



# Franklin County Honor Flight Veteran Application

DATE RECEIVED: \_\_\_\_\_

*Honor Flight* recognizes American veterans for your sacrifices and achievements by flying you to Washington, D.C. to see YOUR memorial at **no cost to you**. Top priority is given to WW II and terminally ill veterans from **all** wars. In order for *Honor Flight* to achieve this goal, guardians accompany the veterans on every flight providing assistance and helping veterans have a **safe**, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at *Honor Flight*. For further information, please contact us at (636) 583-4242 or visit us at [www.franklincountyhonorflight.org](http://www.franklincountyhonorflight.org)

**YOUR NAME:** \_\_\_\_\_ **NICK NAME:** \_\_\_\_\_

(As it appears on your ID for airline travel)

(If Applicable)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ SHIRT SIZE: S M L XL XXL XXXL

E-MAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_/\_\_/\_\_

**ALTERNATE CONTACT** (son, daughter, etc): NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (someone available on the day you travel):

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_ CELL: \_\_\_\_\_

**SERVICE HISTORY:** BRANCH OF SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_

ACTIVITY DURING SERVICE: \_\_\_\_\_

SERVICE DATES: FROM: \_\_/\_\_/\_\_ TO: \_\_/\_\_/\_\_ MEDALS: \_\_\_\_\_

**MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT NEEDED DURING THE TRIP. THIS INFORMATION IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.**

**MEDICATIONS** (name and how often you take it):

MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any **drug allergies:** \_\_\_\_\_

Do you use **mobility equipment?** YES NO. If YES, type of device: CANE WALKER WHEELCHAIR SCOOTER

Do you have a history of **seizure?** YES NO If YES, what type (i.e. grand mal, petit mal, etc.)? \_\_\_\_\_

Last seizure **DATE:** \_\_\_\_\_ If within past 5 years, it is **STRONGLY** advised you discuss the trip with your doctor!

Are you able to **walk up and down a short flight of stairs?** (Charter buses have stairs.) YES NO.

**PLEASE COMPLETE NEXT PAGE**

Do you have problems with **motion sickness** (sea or air)? **YES NO**. If YES, is it controlled with medications? **YES NO**

If motion sickness is **not** controlled with medications, it is **STRONGLY** advised you discuss the trip with your doctor!

Do you have any **breathing problems**? **YES NO**. If YES, please describe: \_\_\_\_\_

Do you use a **home nebulizer machine**? **YES NO**. If YES, you are **STRONGLY** advised to discuss the trip with your doctor concerning the use of portable hand-held nebulizers during the trip.

Do you use **oxygen at any time**? **YES NO**. If YES, you will need your doctor to write a prescription for oxygen to use during the flight and the tour. Oxygen will be provided. The prescription should be turned in with this application.

Do you have a **problem walking the length of a football field without assistance**? **YES NO**. If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.): \_\_\_\_\_

Do you have a history of **open head injuries, sinus problems, or ear problems**? **YES NO**. If YES, have you flown since the open head injury, sinus or ear problems occurred? **YES NO**. If YES, did you have any problems? **YES NO**  
If YES, or you have NOT flown since the injury, it is **STRONGLY** advised you discuss the trip with your doctor.

Do you have a **urostomy or colostomy bag**? **YES NO**. If YES, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, it is **STRONGLY** advised you discuss this issue with your doctor.

**ADDITIONAL COMMENTS OR CONCERNS:** \_\_\_\_\_

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***PLEASE REVIEW CAREFULLY AND SIGN:***      *The undersigned acknowledges and agrees that:*

1. As photographic and video equipment are frequently used to memorialize and document ***Honor Flight*** trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the ***Honor Flight*** program. I hereby release the photographer and ***Franklin County Honor Flight, Inc.*** from all claims and liability relating to said photographs. I hereby give permission for my images captured during ***Honor Flight*** activities through video, photo, or other media, to be used solely for the purposes of ***Honor Flight*** promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran and I understand that ***Honor Flight*** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other ***Honor Flight*** activities and will not hold ***Franklin County Honor Flight, Inc.*** responsible for any injuries incurred by me while participating in the ***Honor Flight*** program

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(E-mail applicants will be required to sign prior to actual flight date)

**PLEASE SUBMIT THIS COMPLETED FORM TO:**

**Franklin County Honor Flight, Inc.**

**ATTN: Veteran Application**

**PO Box 60**

**Union, MO 63084**

**Or FAX to: (636) 583-4191**

**Or Email to: [Info@FranklinCountyHonorFlight.Org](mailto:Info@FranklinCountyHonorFlight.Org)**